Case 22-10881-pmm Doc 13 Filed 05/13/22 Entered 05/13/22 10:19:22 Desc Main Document Page 1 of 4

| | in this information to | identify your c | ase: | | | | | | | | |
|-------|--|------------------|--|-----------------------|------------|------|------------|----------------|--------------|----------------------------------|----------|
| De | btor 1 | Bassam H. I | Dib | | | _ | | | | | |
| 1 | btor 2 ouse, if filing) | | | | | | | | | | |
| Un | ited States Bankrupt | cy Court for the | : EASTERN DISTRICT | OF PENNSYLVANIA | 4 | | | | | | |
| Ca | se number 22- | 10881 | | | | | Che | ck if this is | : | | |
| (If k | nown) | | | - | | | | An amende | ed filing | | |
| | | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form | 106I | | | | | _ | /M / DD/ ` | | one in g date. | |
| - | chedule I: \ | | ome | | | | ľ | /IIVI / DD/ ` | Y Y Y Y | | 12/1 |
| spo | ouse. If you are separate shee | arated and you | are married and not fili r spouse is not filing w On the top of any additi | ith you, do not inclu | de infor | mati | on abou | t your sp | ouse. If mo | ore space is | needed, |
| 1. | Fill in your emploinformation. | yment | | Debtor 1 | | | | Debtor : | 2 or non-fi | ling spouse | |
| | If you have more t | | Employment status | ■ Employed | ■ Employed | | | ☐ Employed | | | |
| | attach a separate page information about addit | | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | | Occupation | Auditor | | | | | | | |
| | Include part-time, self-employed wor | | Employer's name | Geodis | | | | | | | |
| | Occupation may ir or homemaker, if i | | Employer's address | Breinigsville, P | A | | | | | | |
| | | | How long employed t | here? Since 2 | 2012 | | | _ | | | |
| Pa | rt 2: Give Det | ails About Mor | nthly Income | | | | | | | | |
| | imate monthly inco use unless you are s | | ate you file this form. If | you have nothing to r | eport for | any | line, writ | e \$0 in the | e space. Ind | clude your no | n-filing |
| | ou or your non-filing se space, attach a se | | ore than one employer, co | ombine the informatio | n for all | empl | oyers for | that perso | on on the li | nes below. If | you need |
| | | | | | | | For De | btor 1 | | btor 2 or ng spouse | |
| 2. | | | ry, and commissions (b calculate what the monthl | | 2. | \$ | 3 | 3,384.62 | \$ | N/A | - |
| 3. | Estimate and list | monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross I | ncome. Add lir | ne 2 + line 3. | | 4. | \$ | 3,3 | 84.62 | \$ | N/A | |

| Deb | tor 1 | Bassam H. Dib | _ | C | ase number (if kn | own) | 22-1 | 0881 | | |
|-----|--------------------|---|----------|----------------|-------------------|-------------|----------|-----------------|------------|----------|
| | | | | | For Debtor 1 | | non | Debtor 2 | | |
| | Cop | by line 4 here | 4. | | \$3,384 | .62 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ 588 | .10 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | | .00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ 270 | .77 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$ 0 | .00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | | .00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ 1,396 | | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions Specific 404k Lean Renovment | 5g 5h | | | .00 | + \$_ | | N/A N/A | _ |
| | 511. | Other deductions. Specify: 401k Loan Repayment Vision Insurance | _ 511 | 1.+ | | .39 | + \$ | | N/A N/A | _ |
| 6 | مام ۸ | | | | · | | Ψ_ \$ | | | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | | | · — | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | , | \$ 1,021 | .62 | \$ | | N/A | - |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | • | | | |
| | O.L. | monthly net income. | 8a | | | .00 | \$_ | | N/A | _ |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8b |). | \$0 | .00 | \$ | | N/A | _ |
| | 00. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | :. | \$ 0 | .00 | \$ | | N/A | |
| | 8d. | | 8d | | · | .00 | \$_ | | N/A | _ |
| | 8e. | Social Security | 8e |) . | | .00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ 0 | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g | J. | \$ 0 | .00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ 0 | .00 | + \$ | | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 350 | .00 | \$ | | N/A | A |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,371.62 | 4 \$ | | N/A | = \$ | 1 371 62 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ_ | 1,57 1.02 | . * | | N/A | _ | 1,371.62 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe | | | | • | Schedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 12. | \$ | 1,371.62 |
| 40 | _ | | 2 | | | | | | | y income |
| 13. | ΡO | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | |
| | | Yes. Explain: | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | ation to identify yo | our case: | | | | | |
|-----------|----------------------------|--------------------------------------|--------------|---|-----------------------|------------------|--|---|
| | tor 1 | Bassam H. D | | | | Che | ck if this is: An amended filing | |
| 1 | otor 2 ouse, if filing) | | | | | | A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | |
| | e number 22 nown) | 2-10881 | | | | | | |
| | | orm 106J | | | | | | |
| | | J: Your | | | en | | | 12/1 |
| info | ormation. If m | | eded, atta | If two married people and the chancither sheet to this factors. | | | | |
| Par 1. | t 1: Desc | ribe Your House | hold | | | | | |
| 1. | ■ No. Go to | | in a separa | ate household? | | | | |
| | | lo | | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | □ No □ Yes |
| | асрепасти | namos. | | | | | | □ res |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 3. | Do vour ex | penses include | _ | | | | | ☐ Yes |
| 0. | expenses of | of people other to d your depende | han _ | No Yes | | | | |
| Est | imate your e | a date after the l | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance it luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. S | \$ | 300.00 |
| | | ded in line 4: | - ground 0 | | | | | |
| | | | | | | | • | 0.22 |
| | | estate taxes erty, homeowner's | s. or renter | 's insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 |
| | • | e maintenance, re | | | | 4c. | · ——— | 0.00 |
| _ | | eowner's associat | | | ma aguitu la ara | 4d. 3 | · | 0.00 |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | ne equity loans | 5. | Φ | 0.00 |

| Debtor 1 Ba | assam H. Dib | Case num | ber (if known) | 22-10881 |
|---------------------------|--|----------|----------------|-------------------------------|
| 6. Utilities: | | | | |
| | ectricity, heat, natural gas | 6a. | \$ | 0.00 |
| | ater, sewer, garbage collection | 6b. | \$ | 0.00 |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. | | 40.00 |
| | her. Specify: | 6d. | | 0.00 |
| | d housekeeping supplies | — 7. | | 400.00 |
| | re and children's education costs | 8. | \$ | 0.00 |
| | ı, laundry, and dry cleaning | 9. | \$ | 0.00 |
| _ | il care products and services | 10. | \$ | 75.00 |
| | and dental expenses | 11. | \$ | |
| | • | 11. | Φ | 30.00 |
| - | ortation. Include gas, maintenance, bus or train fare. | 12. | \$ | 300.00 |
| | nclude car payments. nment, clubs, recreation, newspapers, magazines, and books | 13. | | 40.00 |
| | ble contributions and religious donations | 14. | · - | 0.00 |
| 5. Insuranc | • | 14. | Φ | 0.00 |
| | clude insurance deducted from your pay or included in lines 4 or 20. | | | |
| | e insurance | 15a. | \$ | 0.00 |
| | ealth insurance | 15b. | · | 0.00 |
| | Phicle insurance | 15b. | | 35.00 |
| | | | · | |
| | her insurance. Specify: | 130. | \$ | 0.00 |
| Specify: | On not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | ent or lease payments: | | | |
| | ar payments for Vehicle 1 | 17a. | | 0.00 |
| 17b. Ca | ar payments for Vehicle 2 | 17b. | | 0.00 |
| 17c. Ot | her. Specify: | 17c. | \$ | 0.00 |
| 17d. Ot | her. Specify: | 17d. | \$ | 0.00 |
| | yments of alimony, maintenance, and support that you did not report as d from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| | ayments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | , , | 19. | · | |
| | al property expenses not included in lines 4 or 5 of this form or on School | | our Income. | |
| | ortgages on other property | 20a. | | 0.00 |
| | eal estate taxes | 20b. | \$ | 0.00 |
| | operty, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | aintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | omeowner's association or condominium dues | 20e. | · | 0.00 |
| 1. Other: S | | 21. | | |
| i. Oulei. S | PGOIIY. | | -Ψ | 0.00 |
| 2. Calculat | e your monthly expenses | | | |
| 22a. Add | I lines 4 through 21. | | \$ | 1,220.00 |
| 22b. Cop | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | l line 22a and 22b. The result is your monthly expenses. | | \$ | 1,220.00 |
| | , , , | | | 1,220.00 |
| | e your monthly net income. | | | |
| 23a. Co | ppy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,371.62 |
| 23b. Co | ppy your monthly expenses from line 22c above. | 23b. | -\$ | 1,220.00 |
| | | | | <u> </u> |
| | ubtract your monthly expenses from your monthly income. | | | 454.00 |
| | ne result is your <i>monthly net income</i> . | 23c. | \$ | 151.62 |
| For examp modification | expect an increase or decrease in your expenses within the year after youle, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage? | | | ease or decrease because of a |
| ■ No. | [F. 1 : 1 | | | |
| Yes. | Explain here: | | | |